PTO/SB/17 (10-08)

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE to a collection of information unless it displays a valid OMB control number

FEE TRANSMITTAL FOR FY 2009  Applicant claims small entity status. See 37 CFR 1.27  TOTAL AMOUNT OF PAYMENT  (\$) 130.00  Attorney Docket No.  Od40-0158PUS1  METHOD OF PAYMENT (check all that apply)  Check Credit-Card Money Order None Ober (please identify): Deposit Account Namber O2-2448 Deposit Account Name Birch, Slewart, Kolasch & Birch, LLP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below Charge any additional see(s) or underpayments of fee(s) indicated below Charge any additional see(s) or underpayments of fee(s) indicated below Charge any additional see(s) for underpayments of fee(s) indicated below Charge any additional see(s) for underpayments of fee(s) indicated below Charge any additional see(s) for underpayments of fee(s) indicated below Charge any additional see(s) for underpayments of fee(s) indicated below, except for the filling fee Credit any overpayments  FEE CALCULATION  1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES Small Entity Obesign 220 110 100 50 140 70 Plant 220 110 330 165 170 85 Provisional 220 110 0 0 0 0  C. EXCESS CLAIM FEES Examination Fee (s) Fee Paid (s)  HP = highest number of total claims paid for, if greater than 20. HP = highest number of total claims paid for, if greater than 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filled sequence or computer listings under 37 CFR 1.52(e), the application size fee due s \$270 (S13) for small entity) for each additional 50 sheets or fraction thereof See 35 U.S. C. 41(q)(1)(q) and 37 CFR 1.16(s)  Fee Faid (s)  Total Sheets  Fee Said Sheets  Number of each additional 50 or fraction thereof See 35 U.S. C. 41(q)(1)(q) and 37 CFR 1.16(s)  Fee Faid (s)	William Control of the Control of th	Complete if Known							
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METHOD OF PAYMENT (check all that apply)    Check	FOR FY 2009			Examiner Name Y		Y. Kim			
Check	Applicant claims small entity status. See 37 CFR 1.27			Art Unit 1644		1644			
Check Credit Card Money Order Observed Other (please identify):    X   Deposit Account Deposit Account Number: 02-2448   Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP	TOTAL AMOUNT OF PAYMENT (\$) 130.00			Attorney Docket No. 00		0040-0158PUS1			
For the above-identified deposit account, the Director is hereby authorized to: (check all that appty)    Charge fee(s) indicated below   Charge fee(s) indicated below, except for the filing fee   Charge fee(s)   Fee   Shall feet   Charge fee   Charge fee   Charge feet   Charge fee   Charg	METHOD OF PAYMENT (check	all that apply)			***************************************				
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Charge fee(s) indicated below   Charge fee(s) indicated below, except for the filing fee   X   Charge any additional fee(s) or underpayments of   X   Credit any overpayments	x Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP								
X   Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
Fee   Sunder 37 CFR 1.16 and 1.17   SEARCH   STATE	x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
Application Type									
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Design   220   110   100   50   140   70   70   70   70   70   70   70	FI		SEA		EXAMI				
Design   220	Application Type Fee (\$		Fee (\$		Fee (\$)		Fees I	Paid (\$)	
Plant	Utility 330	165	540	270	220	110			
Reissue 330 165 540 270 650 325  Provisional 220 110 0 0 0 0 0 0  2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues)  Multiple dependent claims  Total Claims    Extra Claims   Fee (\$)   Fee Paid (\$)   Multiple Dependent Claims   16	Design 220	110	100	50	140	70			
Provisional   220   110   0   0   0   0   0   0   0	Plant 220	110	330	165	170	85			
Search Californ   Search Californ   Search Claim	Reissue 330	165	540	270	650	325			
Fee Description  Each claim over 20 (including Reissues)  Each independent claim over 3 (including Reissues)  Multiple dependent claims  Total Claims  Extra Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Multiple Dependent Claims  Total Claims  Extra Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Pee (\$)  Fee Paid (\$)  Fee Paid (\$)  Amultiple Dependent Claims  Fee (\$)  Fee Paid (\$)  Fee Paid (\$)  Pee Paid (\$)  Amultiple Dependent Claims  Fee (\$)  Fee Paid (\$)  Fee Paid (\$)  Amultiple Dependent Claims  Fee (\$)  Fee Paid (\$)  Fee Paid (\$)  Amultiple Dependent Claims  Fee (\$)  Fee Paid (\$)  Fee Paid (\$)  Amultiple Dependent Claims  Fee (\$)  Fee Paid (\$)  Fee	Provisional 220	110	0	0	0	0			
Each claim over 20 (including Reissues)  Each independent claim over 3 (including Reissues)  Multiple dependent claims  Total Claims  16	2. EXCESS CLAIM FEES							Small Entity	
Each independent claim over 3 (including Reissues)  Multiple dependent claims  Total Claims  16 -20 or HP 0 x 52.00 = 0.00 Fee (\$) Fee Paid (\$) Multiple Dependent Claims  16 -30 or HP 0 x 52.00 = 0.00 Fee (\$) Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims  Extra Claims Fee (\$) Fee Paid (\$)  2 -3 or HP = 0 x 220.00 = 0.00  HP = highest number of independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets Extra Sheets Number of each additional 50 or fraction thereof. Fee (\$) Fee Paid (\$)  -100 = /50 = (round up to a whole number) x = (Fees Paid (\$))  Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge): 1281 Extension for response within first month 130.00	Fee Description						<u>Fee (\$)</u>	Fee (\$)	
Multiple dependent claims  Total Claims  16 -20 or HP 0 x 52.00 = 0.00  Indep. Claims  Extra Claims Fee (\$) Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims  Extra Claims Fee (\$) Fee Paid (\$)  2 -3 or HP = 0 x 220.00 = 0.00  HP = highest number of independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)  - 100 = /50 = (round up to a whole number) x = 4. OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge): 128 Extension for response within first month 130.00	-					26			
Total Claims  16 -20 or HP 0 x 52.00 = 0.00  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims  Extra Claims  Extra Claims  Fee (\$) Fee Paid (\$)  2 -3 or HP = 0 x 220.00 = 0.00  HP = highest number of independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof fee (\$) Fee Paid (\$)  - 100 = /50 = (round up to a whole number) x = 4. OTHER FEE(\$)  Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge): 1281 Extension for response within first month 130.00  Registration No. (Altorney/Agent) 30,330 Telephone (858) 792-8855	-								
16 -20 or HP 0 x 52.00 = 0.00  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims		- 4	-	D : 1 (A)					
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(Attorney/Agent) 30,330 Telephone (636) 792-8833	SUBMITTED BY								
	Signature				30,330	Telephone	(858) 792	2-8855	
	Name (Print/Type) Leonard R. Svens	son	***************************************			Date	April 20, 2009		